

## Klein ISD Enrollment Requirements

Welcome to Klein ISD. In order to speed up the enrollment process and to assure appropriate placement, please be certain you have the following information with you:

- Proof of residence in the Frank attendance zone in Klein ISD. A light, water, gas bill, or a lease agreement are acceptable.
- Original birth certificate.
- Immunization records
- Proof of identity. For students entering 2 – 12, birth certificate, passport, school ID records or report card, adoption record, church baptismal record, etc.
- Copy of most recent report card.
- Parent's photo ID.

## New Student Pre-Registration Form

**STUDENT NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

- |  |           |
|--|-----------|
| 1. Are you the parent?   | YES or NO |
| 2. Are you the LEGAL GUARDIAN  | YES or NO |
| 3. Are you living within the boundaries of Klein ISD?  | YES or NO |
| 4. What is your address? _____<br>Do you have proof of address with you today?   | YES or NO |
| 5. Do you have proof of immunizations with you?  | YES or NO |
| 6. Do you have a withdrawal form from the previous school?   | YES or NO |
| 7. Has your child ever been enrolled in Klein ISD before now?<br>If so, which school? _____<br>What year did they attend? _____. | YES or NO |

## **PARENT CONTACT INFORMATION**

**STUDENT NAME:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Family 1 (legal parent/guardian with whom the student resides)**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Family 2 (legal parent/guardian with whom the student resides)**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

19 TAC Chapter 89, Subchapter BB §89.125

Debe de ser completado por los padres o tutor (o estudiantes en los grados 9-12): El Estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en las escuelas públicas de Texas. Esta encuesta se mantendrá en el expediente de cada estudiante.

<b>Nombre del Estudiante:</b>		<b>Fecha de Nacimiento:</b> Mes    Día    Año											
<b>Escuela:</b>		<b>Número de Identificación KISD:</b>											
<b>Domicilio del Estudiante:</b>		<b>Número de Teléfono:</b>											
<b>PARTE A: Datos del Inmigrante</b>													
<b>Lugar de Nacimiento (País de origen):</b>		<b>Fecha Inicial de Ingreso en escuelas de EE.UU.</b>											
		Mes    Día    Año											
Encierre en un círculo los grados a lo que su hijo/a ha asistido en escuelas de EE.UU.													
PK	K	1	2	3	4	5	6	7	8	9	10	11	12
¿Cuando su hijo vivió fuera de los EE.UU, asistió a la escuela frecuentemente? (marque uno):													
<input type="checkbox"/> <b>Sí</b> , mi hijo asistió a la escuela con frecuencia en todos los grados cursados anteriormente fuera de los EE.UU.													
<input type="checkbox"/> <b>No</b> , mi hijo no asistió a la escuela por largos períodos de tiempo durante un año académico o más (por favor especifique):													
<b>PARTE B: Idioma</b>													
1. ¿Qué idioma se habla en su hogar la mayor parte del tiempo?													
Inglés _____ Español _____ Vietnamita _____ Urdu _____ Otro (Especifique) _____													
2. ¿Qué idioma habla el estudiante la mayor parte del tiempo?													
Inglés _____ Español _____ Vietnamita _____ Urdu _____ Otro (Especifique) _____													
_____													
En letra de molde el Nombre del padre/ Tutor o Estudiante (si el estudiante está en grados 9 -12)													
_____													
Firma del padre/ Tutor o Estudiante (si el estudiante está en grados 9 -12)			Fecha										

**Note to School Personnel:**

- Signed copy of the Home Language Survey (HLS) must be filed in the student's LEP folder.
- In Part A, items are required for identification of immigrant students. An immigrant student is one who was born outside of the United States or its territories and has been attending school in the United States for less than three complete academic years.
- In Part B, an answer of a language other than English to either question #1 or #2 identifies a student for oral language proficiency assessment (and written testing if entering Grades 2-12).

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ Student/Staff Name (please print)

\_\_\_\_\_ (Parent/Guardian)/(Staff) Signature

\_\_\_\_\_

\_\_\_\_\_ Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic / Latino

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Observer signature:

Campus and Date:

**Klein Independent School District  
STUDENT ENROLLMENT QUESTIONNAIRE**

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security # \_\_\_\_\_

The academic progress of your child is very important to us. As your son/daughter begins his/her educational endeavors with the Klein ISD, it is important that he/she be placed in classes appropriate for his/her needs. If you have information that would help in working with your child, please share the information with us by completing this questionnaire.

The responses on this questionnaire will remain confidential and will be viewed only by the school administrators, counselors, your child's teacher(s), and special education personnel if necessary.

**On all questions, please select YES or NO and answer in the space provided if applicable.**

1. Has your child ever been in an above grade level program (example: gifted/talented and/or honors program)? If yes, indicate grade(s). \_\_\_\_\_ 1  YES  NO

2. Has your child ever been retained? If yes, indicate grade(s) in which student was retained. **OR** 2  YES  NO

Has your child ever advanced a grade either by Credit by Examination or another method? If yes, indicate the grade(s). \_\_\_\_\_  YES  NO

3. Is your child currently enrolled on a Discipline Alternative Education Program campus? 3  YES  NO

4. Has your child ever been in a special program? If yes, indicate grade level(s) in which student was in the program in the space provided. 4  YES  NO

- Special Education Program \_\_\_\_\_
- Speech Therapy Program \_\_\_\_\_
- ESL or Bilingual Program \_\_\_\_\_
- Remedial or Below Grade Level Program \_\_\_\_\_
- Assisted Reading Program \_\_\_\_\_
- Headstart or Evenstart Program \_\_\_\_\_
- Other: \_\_\_\_\_

5. Has your child attended another public school? If yes, please list name(s) of school(s) and grade level(s): 5  YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there any other information that you feel might be useful to us and aid us in the placement of your child? 6  YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

Previously attended a Klein School? Y N

Name of last school attended \_\_\_\_\_

Speech Y N

Special Education Y N

Gifted and Talented Y N

504 Accommodations Y N

English as a Second Language (ESL) Y N

Bilingual Education Y N

Other \_\_\_\_\_

Ever been in the same grade twice? Y N Grade \_\_\_\_\_

Other pertinent information:

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**LAWS RELATING TO ATTENDANCE**

In addition to the penalty provided by Sec. 37.10 Texas Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

- (1) the maximum tuition fee the district may charge under Sec. 25.038 TEC; or
- (2) the amount the district has budgeted for each student as maintenance and operation expense.

A school district may include on an enrollment form notice of the penalties provided by Section 37.10 Texas Penal Code, and the liability provided by Subsection (G) of this section for falsifying information on the form.

**SUMMARY OF TPC Sec. 37.10 TAMPERING WITH GOVERNMENTAL RECORDS**

- (A) A person commits an offense if he:
  - (1) knowingly makes a false entry in, or false alteration of a government record;
  - (2) makes, presents, or uses any record, document, or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record;
  - (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility, or availability of governmental records.
- (B) It is an exception to the application of Subsection (A) (3) of this section that the governmental record is destroyed pursuant to legal authorization.
- (C) An offense under this section is a Class A misdemeanor unless the actor's intent is to defraud or harm another, in which event the offense is a felony of the third degree. In limited other circumstances defined in the statute, the offense may be a Class B or C misdemeanor.

**I SWEAR THE INFORMATION GIVEN BY ME IN THIS DOCUMENT IS TRUE. I ALSO UNDERSTAND THAT I COULD BE PROSECUTED FOR GIVING FALSE INFORMATION.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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**KLEIN INDEPENDENT SCHOOL DISTRICT**

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**ID & R FAMILY SURVEY**

**Pre-Kindergarten – Grade 12**

Date \_\_\_\_\_

Dear Parents,

In order to better serve your children, the \_\_\_\_\_ school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

**Or, if you prefer, for more information, call:** \_\_\_\_\_

1. Have you moved anytime during the last 3 years from one school district to another in Texas or across state?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, have you done agricultural or fishing related work since your move? (e.g., field work, canneries, lumbering, dairy work, meat processing)

Yes \_\_\_\_\_ No \_\_\_\_\_

***If you answered "yes" to both of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:***

Name of child \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Best Time to Contact You:  
\_\_\_\_\_

If parent/guardian indicated "Yes" for #2 please forward this form to:

***Multilingual Department- KIC  
Attention: Lettie Houck or Carol Parton***





## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food	Nature of allergic reaction to food	Life-Threatening? Circle one.
		Yes or No
		Yes or No
		Yes or No

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date Reviewed by Campus Nurse: \_\_\_\_\_

**TB Questionnaire**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_  
 Has your child ever had a positive TB skin test? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_

For school/healthcare provider use only

\*\*\*\*\*

PPD administered Yes \_\_\_ No \_\_\_  
 If yes,  
 Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ Result of PPD test \_\_\_\_\_ mm response

Type of service provider (i.e. school, Health Steps, other clinics) \_\_\_\_\_

PPD provider \_\_\_\_\_  
 signature printed name

Provider phone number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider Yes \_\_\_ No \_\_\_

If yes, name of provider \_\_\_\_\_



## Health Inventory

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle

**1. If your child has had any of the following, please check (✓) and give date where possible.**

✓	Disease History	Date	✓	Disease History	Date
	Asthma			Hepatitis	
	Allergy*			Hyperactivity	
	Blood Disorder*			Kidney or Bladder Problems	
	Bowel Problems			Muscle Disorders	
	Cancer*			Nose Bleeds	
	Chickenpox			Orthopedic Disorders*	
	Congenital Defect*			Polio	
	Cleft Lip/Palate			Rheumatic Fever	
	Diabetes			Seizures	
	Ear Infections			Serious Accidents*	
	Frequent Sore Throats			Sickle Cell Disease	
	Hearing Problems			Surgery*	
	Head Injury			TB Contact	
	Heart Problems			Vision Loss	

**2. Please answer the following questions:**

Yes ✓	No ✓	
		Has your child traveled outside of the United States within the last month?
		Has a family member traveled outside of the United States within the last month?
		Have you or anyone in your family cared for or been in contact with an ill person within the past month?
		Has your child or a family member suffered from an illness which caused them to develop fever within the last month?

**3. The child's health insurance status is as follows:**

- Health Insurance through parent job
- Medicaid
- CHIPS
- Other
- None

- Yes No 4. Is your child under medical treatment at this time?  
 If so, for what conditions? \_\_\_\_\_
- 5 List medications child is taking. \_\_\_\_\_
6. Name of doctor or clinic & Tel: \_\_\_\_\_

Further comments: \_\_\_\_\_

I authorize health related information to be released to appropriate staff for the care, safety, and welfare of my child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This section to be completed by Campus Clinic Staff*  
 Health Inventory Review by Campus Nurse completed on \_\_\_\_\_ (date).

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ B/P \_\_\_\_\_

Campus Nurse Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

# *Frank Elementary*

*FAX: (832) 375-7100*

## **CHILD ACCESS, DISMISSAL & TRANSPORTATION CHANGE PROCEDURES**

### **ACCESS**

No one can have access to your child during school hours, or check your child out of school during the school day except the parent or guardian that has signed the registration card.

- Emergency contacts may not have access to, or remove children from campus without written consent from the parent/guardian.

### **EARLY DISMISSALS**

We are happy to allow an early dismissal provided that procedures are followed as outlined below.

We will need a written notice from the parent or guardian who signed the registration card.

Early dismissals after 2:30 will not be permitted unless:

- A note is sent with your child the morning of the early dismissal.
- A fax with your signature is received before 1:30 pm.

This also pertains to holiday parties, field day and school programs.

### **CHANGE OF TRANSPORTATION**

Changes in transportation must be requested in writing by parent/guardian.

- Requests must be received before 2:30.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



**2016-2017 Texas Minimum State Vaccine Requirements for Students Grades K-12**



This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

**IMMUNIZATION REQUIREMENTS**

**A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.**

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level			NOTES
	K – 6th	7th	8th – 12th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/D/Td/Tdap) <sup>1</sup>	5 doses or 4 doses	3 dose primary series and 1 Tdap / Td booster within last 5 years	3 dose primary series and 1 Tdap / Td booster within last 10 years	<b>For K – 6th grade:</b> 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday. <b>For 7th grade:</b> 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. <b>For 8th – 12th grade:</b> 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio <sup>1</sup>		4 doses or 3 doses		<b>For K – 12th grade:</b> 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.
Measles, Mumps, and Rubella <sup>1,2</sup> (MMR)		2 doses		<b>For K – 12th grade:</b> 2 doses are required, with the 1st dose received on or after the 1st birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.
Hepatitis B <sup>2</sup>		3 doses		For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax <sup>®</sup> ) was received. Dosage (10 mcg / 1.0 mL) and type of vaccine (Recombivax <sup>®</sup> ) must be clearly documented. If Recombivax <sup>®</sup> was not the vaccine received, a 3-dose series is required.
Varicella <sup>1,2,3</sup>		2 doses		The 1st dose of varicella must be received on or after the 1st birthday. <b>For K – 12th grade:</b> 2 doses are required.
Meningococcal (MCV4) <sup>1</sup>			1 dose	<b>For 7th – 12th grade:</b> 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday.
Hepatitis A <sup>1,2</sup>		2 doses		The 1st dose of hepatitis A must be received on or after the 1st birthday. <b>For K – 7th grade:</b> 2 doses are required. Special note: a child will not be considered delinquent in this series until 18 months have elapsed since receiving the 1st dose.

NOTE: Shaded area indicates that the vaccine is not required for the respective age group.

<sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

<sup>2</sup> Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

<sup>3</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.